

NOTIFICATION OF MEDI-CAL INTERCOUNTY TRANSFER

Instructions: Complete each space or box. If information does not pertain to this case, indicate with N/A.

Receiving county name and address	Sending county name and address
-----------------------------------	---------------------------------

Case Name/Beneficiary Information

Case name	Phone number ()	Alternate phone number ()
Address (number, street)	City	ZIP code
Authorized representative (AR) <input type="checkbox"/> Yes <input type="checkbox"/> No	AR name	Beneficiary's primary language
		AR phone number ()

Receiving county follow-up on changes related to intercounty transfer

Name	Aid Code	Income/How Often Received	Share-of-Cost (SOC)

Other Case Information

<input type="checkbox"/> CE for: _____ <input type="checkbox"/> CEC for: _____ CEC period: _____ <input type="checkbox"/> TMC period: _____	<input type="checkbox"/> Annual redetermination due date: _____ <input type="checkbox"/> LTC period of ineligibility: _____ <input type="checkbox"/> Court case: _____ <input type="checkbox"/> Other: _____
--	---

Documents in Transfer Packet

<input type="checkbox"/> Statement of Facts and applicable supplements/MC 210 RV <input type="checkbox"/> Social security card(s) <input type="checkbox"/> Identifications <input type="checkbox"/> Case narrative <input type="checkbox"/> Budget work sheets for MFBU/MBU <input type="checkbox"/> Computer generated case documents <input type="checkbox"/> Last NOAs for share-of-cost <input type="checkbox"/> Income verifications <input type="checkbox"/> Other Health Coverage Information (DHS 6155)	<input type="checkbox"/> Pregnancy verification for: _____ <input type="checkbox"/> Primary wage earner: _____ <input type="checkbox"/> MC 13s and Proof of Alien Status for: _____ <input type="checkbox"/> Property verifications or MC 176 P <input type="checkbox"/> Family Support Information (CW 2.1s) <input type="checkbox"/> Authorized Representative Form/Letter <input type="checkbox"/> DAPD Decision/Incapacity Verification for: _____ <input type="checkbox"/> Other(s) (list): _____
---	---

Sending County Worker Information

Worker name	Worker number	Date ICT packet sent
Phone number ()	Fax number ()	E-mail address